

DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF FIRE SAFETY  
P.O. BOX 844  
JEFFERSON CITY, MO 65102



**CERTIFICATION BY EQUIVALENCY / RECIPROCITY APPLICATION**

PLEASE PRINT

NAME: (last, first, mi)

HOME ADDRESS:

D.O.B.

CITY, STATE, ZIP:

COUNTY:

HOME PHONE:

BUSINESS PHONE:

SSN:

FIRE DEPARTMENT NAME:

FDID:

FIRE DEPARTMENT ADDRESS:

CITY, STATE, ZIP:

COUNTY:

E-MAIL ADDRESS:

**Level(s) applying for, please check all that apply. Insert applicable Standard Year in the space provided.**

☐

Fire Service Instructor I \_\_\_\_\_

☐

Fire Officer I \_\_\_\_\_

☐

Fire Inspector \_\_\_\_\_

☐

Fire Service Instructor II \_\_\_\_\_

☐

Fire Officer II \_\_\_\_\_

☐

Fire Investigator \_\_\_\_\_

☐

Haz-Mat Awareness \_\_\_\_\_

☐

Fire Fighter I \_\_\_\_\_

☐

Driver Operator \_\_\_\_\_

☐

Haz-Mat Operations \_\_\_\_\_

☐

Fire Fighter II \_\_\_\_\_

Please attach an "Authorization of Release of Information" form and supporting documentation that verifies training to an approved NFPA Standard.

Signature of Applicant:

Date:

Signature of Fire Chief:

Date:

**Office Use Only**

**Date**

**Completed By**

Certificate received

Authorization of Release of Information received

Approved for Certification

Certificate issued

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### **Authorization For Release Of Information**

I, (Print Full Name) \_\_\_\_\_ hereby  
certify that all statements made on or in connection with this application are true and complete to the best of  
my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will  
cause denial or forfeiture of my certification.

I further authorize all law enforcement agencies, U.S. military, Federal, State and or local government  
agencies to furnish the Missouri Division of Fire Safety, with any and all information regarding me in order to  
determine suitability for certification. I further release said agency or person from all liability for any dam-  
ages whatsoever that may occur from furnishing such information to the Missouri Division of Fire Safety.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment  
in this course and certification exam results only to the Chief Officer or his designee of my organization.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date